MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

September 18, 2012

Maryland Advisory Council Members: Gerald Beemer, Sarah Burns, Chair, M. Sue Diehl, Vice Chair; Mike Finkle, Joshana Goga, Dennis McDowell, Joanne Meekins, Robert M. Pender, Charles Reifsnider, Anita Solomon, John Turner

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, Michele Forzley, Edwin C. Oliver, Livia Pazourek, John Scharf, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

<u>PL 102-321 Council Members Present</u>: T.E. Arthur, Coordinator; Kim Bennardi, Naomi Booker, Eugenia W. Conolly, Chicquita Crawford, R. Terence Farrell, Duane Felix, A. Scott Gibson, Victor Henderson, Steven Kinney for Tracee Bryant, Sharon Lipford, George Lipman, Cynthia Petion, Kathleen Ward, Phoenix Woody

<u>PL 102-321 Council Members Absent:</u> Lynn Albizo, Carol Allenza, Coordinator; Herb Cromwell, Catherine Drake, Kate Farinholt, Vira Froehlinger, Gerri Gray, Alice Harris, Diane Herr, Michael Ito, Julie Jerscheid, Michael Lang, Dan Martin, Jacqueline Powell, Linda Raines, Sarah Rhine, Sheryl Sparer, Jane Walker

MHA Staff Present: Brian Hepburn, Robin Poponne, Thomas Merrick, Iris Reeves, Sudha Sarode, Greta Carter, Rena Mohamed

<u>Guests and Others</u>: Adrienne Hollimon, DHMH; Jackie Pettis, ValueOptions; Daphne Klein, On Our Own of Prince George's County; Gail Stansberry, Diane Lane, Chesapeake Voyagers; Inc., Tim Santoni, University of Maryland-Systems Evaluation Center

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INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Council Chair, Sarah Burns. Attendees introduced themselves. The draft minutes of the July 17th meeting were approved. Please note that the approved minutes will be posted on the Mental Hygiene Administration's (MHA) Web site. www.dhmh.maryland.gov/mha. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

ANNOUNCEMENTS:

Mike Finkle announced the On Our Own of Maryland will host a Healthcare Reform/Behavioral Health Integration Summit, October 25th from 9am to 5pm at the Meeting House in Columbia MD. For more information please call 410-646-0262, 1-800-704-0262, or download registration brochure at: http://www.onourownmd.org/wp-content/uploads/2011/12/HCR-Summit-Registration-Brochure.pdf .

PRESENTATION: Maryland's System of Care Expansion Grant – Rena Mohamed, Project Director, Maryland Behavioral Health Collaborative. In September 2011, Maryland was awarded a one year (10/1/11-9/30/12) System of Care (SOC) Planning Grant for \$600,000 to help plan and support the development of a behavioral health delivery system for youth with mental health and substance use disorders. The Maryland Behavioral Health Collaborative was established as a part of the Grant from SAMHSA. A no cost extension was awarded to the State for 12 additional months to further plan and develop a statewide SOC as well as support the efforts related to the DHMH Behavioral Health Integration process. The Strategic Plan of the SOC Grant has eight major goals for the Expansion. These goals include: wellness, screening and assessment, adequate service package, quality improvement, workforce development, planning and social marketing. Ms. Mohamed highlighted several areas of the Behavioral Health Collaborative's accomplishments through the SOC Expansion Grant such as:

- Conducted reviews of various integration structures being implemented in other states
- Conducted an environmental scan of existing mental health and substance abuse services in Maryland
- Conducted an analysis of Maryland's existing regulations for mental health and substance abuse services
- Supported child and youth stakeholders' involvement in the DHMH behavioral health process by convening two stakeholder meetings facilitated by national experts.
- Completed online surveys with child and family stakeholders designed to gather input on core components essential for contracting with Managed Care Organization/Behavioral Health Organization/Administrative Services Organization.
- Completed family focus groups to obtain the perspective of families regarding behavioral health integration.

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Next Steps for the Maryland Behavioral Health Collaborative:

- Finalize recommendations for a workforce development model.
- Complete family focus groups and listening forums to gather input from families impacted by mental health and substance abuse issues.
- Develop and implement specific action steps for child and adolescent behavioral health integration, as DHMH develops details for its overall system integration.
- Develop and implement a technical assistance plan for assisting providers in effectively integrating mental health and substance abuse services and managing change to a new financing system and administrative structure. (Please see attachment 1 for detailed presentation).

THE DIRECTOR'S REPORT:

MHA's Executive Director, Brian Hepburn, M.D., provided the following Director's Report:

Dr. Hepburn commended the work of the Mental Hygiene Administration's Child and Adolescent Division, as well as the efforts of the Behavioral Health Collaborative and the University of Maryland Institute for Innovation and Implementation.

Behavioral Health Integration Update:

- Dr. Hepburn announced that the draft Report for Recommending an Integration Model for Medicaid Financed Behavioral Health Services has been disseminated and is also available on the Behavioral Health Website. Public comments are being accepted for behavioral health integration until September 20th. The final document will be submitted to the Secretary of DHMH.
- Four workgroups in addition to the larger stakeholder meetings have been held over the past months to go over the three financing model options and how they may best serve the state. The last stakeholder meeting was held on September 13, 2012 to discuss the draft report and the recommendation of Model 2, behavioral health organization (BHO) carve-out. Under this model, a specialized entity would be responsible for behavioral health benefits, separate from the entity(ies) responsible for somatic care (MCOs).

Model 2 covers all Medicaid Eligible, Reduce Burdon on Providers and is adaptable when Somatic Programs change. DHMH has received feedback from many stakeholders regarding the proposed financing models. This feedback has resulted in the stakeholders "naming" Model 2, 2-a and 2-b:

- "Model 2-a": Behavioral Health Organization with risk. This model would need legislative approval, which would take place January 2015. Behavioral Health Organization would responsible for substance abuse and mental health services. The Behavioral Health Organization would receive a lump sum of money (capitated) and provide needed services for the various populations. If efficient, the organization could keep any remaining proceeds.
- "Model 2-b": Administrative Service Organization without risk. This model could be implemented earlier than Model 2-a, which would not need legislative approval and

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could be used in the interim until Model 2a gets legislative approval. Administrative Service Organization would receive a flat fee to pay providers.

- Moving providers towards services with best practices is one desired outcome. During the Behavioral Health Integration process, DHMH will move ahead with health homes which will support any integration financing model. A health home is an approach to health care, not a place. It usually consists of a team of health care professionals that provide integrated health care. Health homes operate under a "whole person" philosophy caring not just for an individual's physical condition, but providing linkages to long-term community care services and supports, social services and family services.
- Please review the Chronic Health Homes Workgroup Report and Recommendations at http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx

Current ASO Update:

 ValueOptions contract has been extended for one year. The ASO contract could be extended to 2014.

To enhance future Director Report highlights, Dr. Hepburn encourages members to submit questions on topics of interest to Cynthia Petion at cynthia.petion@maryland.gov.

COUNCIL BUSINESS:

Sarah Burns, Council Chair, welcomed newly Governor appointed Advisory Council members, Dennis McDowell and John Turner as well as two state agency representatives, Kim Bennardi, Developmental Disabilities Administration and Eugenia Conolly, Alcohol and Drug Abuse Administration.

Cynthia Petion asked if there were any questions or comments regarding the Behavioral Health Workgroup minutes that were included in the Council minutes of July 17th. The workgroup representatives are, Sarah Burns, Sue Diehl and T.E. Arthur from the Advisory Council; and Lori Brewster, Rebecca Hogamier and Kathleen O'Brian from the Drug and Alcohol Abuse Council. At their first meeting, the group discussed their roles/purpose and drafting a combined statement to create one Behavioral Health Council. Ms. Petion announced that the next Behavioral Health Workgroup meeting was postponed and a new date will be scheduled sometime in October.

The Planning and Executive Committee members will meet after the general meeting.

The meeting was adjourned.

Please note, the Agenda for the November 20th Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmh.maryland.gov/mha.